



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF	\$70.63	\$46.94	4/1/2006
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	\$128.82	\$90.47	4/1/2006
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION O	\$64.92	\$37.10	4/1/2006
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	\$95.91	\$60.57	4/1/2006
92015	DETERMINATION OF REFRACTIVE STATE	\$70.82	\$20.45	4/1/2006
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$137.81	\$137.81	4/1/2006
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$71.91	\$71.91	4/1/2006
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$27.21	\$20.44	4/1/2006
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$29.15	\$29.15	1/1/2007
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	\$54.81	\$54.81	4/1/2006
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND	\$34.76	\$34.76	4/1/2006
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	\$67.56	\$39.37	4/1/2006
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$49.79	\$49.79	4/1/2006
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$63.73	\$63.73	4/1/2006
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$73.52	\$73.52	4/1/2006
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	\$86.43	\$49.21	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER	\$71.73	\$43.54	4/1/2006
92130	TONOGRAPHY WITH WATER PROVOCATION	\$79.63	\$45.42	4/1/2006
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASER) WITH	\$43.77	\$43.77	4/1/2006
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	\$85.74	\$85.74	4/1/2006
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT	\$56.57	\$27.25	4/1/2006
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELA	\$23.08	\$20.82	4/1/2006
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	\$20.81	\$18.17	4/1/2006
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$81.07	\$31.07	4/1/2006
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND	\$132.44	\$132.44	4/1/2006
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION	\$275.41	\$275.41	4/1/2006
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$75.00	\$75.00	4/1/2006
92260	OPHTHALMODYNAMOMETRY	\$17.76	\$11.37	4/1/2006
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES,	\$89.14	\$89.14	4/1/2006
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$90.24	\$90.24	4/1/2006
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$113.24	\$113.24	4/1/2006
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$38.83	\$38.83	4/1/2006
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	\$80.96	\$80.96	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	\$45.61	\$45.61	4/1/2006
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH	\$141.67	\$141.67	4/1/2006
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH	\$121.36	\$43.16	4/1/2006
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT L	\$88.07	\$62.88	4/1/2006
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$83.12	\$55.30	4/1/2006
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$89.57	\$67.76	4/1/2006
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$75.53	\$46.58	4/1/2006
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$61.89	\$36.70	4/1/2006
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$49.41	\$23.47	4/1/2006
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$60.79	\$37.48	4/1/2006
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$52.80	\$23.10	4/1/2006
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF	\$15.44	\$15.44	4/1/2006
92326	REPLACEMENT OF CONTACT LENS	\$63.71	\$63.71	4/1/2006
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	\$40.74	\$19.69	4/1/2006
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	\$46.04	\$24.98	4/1/2006
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	\$49.06	\$28.39	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$39.99	\$19.69	4/1/2006
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	\$47.20	\$26.90	4/1/2006
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	\$338.26	\$338.26	4/1/2006
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS	\$163.56	\$163.56	4/1/2006
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING	\$38.49	\$38.49	4/1/2006
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$33.61	\$17.82	4/1/2006
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	\$24.12	\$24.12	4/1/2006
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/1/1982
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$100.98	\$100.98	4/1/2006
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$26.02	\$10.61	4/1/2006
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSIN	\$96.04	\$35.67	4/1/2006
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	\$49.80	\$23.33	4/1/2006
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$157.86	\$62.37	4/1/2006
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$64.51	\$28.42	4/1/2006
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	\$61.81	\$24.97	4/1/2006
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$48.81	\$44.30	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$83.31	\$29.17	4/1/2006
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$16.30	\$16.30	5/1/2004
92532	POSITIONAL NYSTAGMUS TEST	\$20.00	\$20.00	5/1/2004
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$13.23	\$13.23	5/1/2004
92534	OPTOKINETIC NYSTAGMUS TEST	\$61.80	\$61.80	5/1/2004
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	\$55.50	\$55.50	4/1/2006
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$56.58	\$56.58	4/1/2006
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$26.03	\$26.03	4/1/2006
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$44.90	\$44.90	4/1/2006
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$40.01	\$40.01	4/1/2006
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$87.02	\$87.02	4/1/2006
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$5.44	\$5.44	4/1/2006
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$109.99	\$109.99	4/1/2006
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$15.87	\$15.87	5/1/2004
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$18.16	\$18.16	4/1/2006
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$27.24	\$27.24	4/1/2006
92555	SPEECH AUDIOMETRY THRESHOLD;	\$15.91	\$15.91	4/1/2006
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$23.86	\$23.86	4/1/2006
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$49.60	\$49.60	4/1/2006
92560	BEKESY AUDIOMETRY; SCREENING	\$23.81	\$23.81	5/1/2004
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$29.50	\$29.50	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$17.03	\$17.03	4/1/2006
92563	TONE DECAY TEST	\$15.91	\$15.91	4/1/2006
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$19.69	\$19.69	4/1/2006
92565	STENGER TEST, PURE TONE	\$16.66	\$16.66	4/1/2006
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$21.98	\$21.98	4/1/2006
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$15.91	\$15.91	4/1/2006
92569	ACOUSTIC REFLEX TESTING; DECAY	\$17.03	\$17.03	4/1/2006
92571	FILTERED SPEECH TEST	\$16.28	\$16.28	4/1/2006
92572	STAGGERED SPONDAIC WORD TEST	\$3.79	\$3.79	4/1/2006
92575	SENSORINEURAL ACUITY LEVEL TEST	\$12.09	\$12.09	4/1/2006
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$18.57	\$18.57	4/1/2006
92577	STENGER TEST, SPEECH	\$29.90	\$29.90	4/1/2006
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$29.87	\$29.87	4/1/2006
92582	CONDITIONING PLAY AUDIOMETRY	\$29.87	\$29.87	4/1/2006
92583	SELECT PICTURE AUDIOMETRY	\$36.70	\$36.70	4/1/2006
92584	ELECTROCOCHLEOGRAPHY	\$101.74	\$101.74	4/1/2006
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$103.66	\$103.66	4/1/2006
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$75.60	\$75.60	4/1/2006
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$61.29	\$61.29	4/1/2006
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$80.59	\$80.59	4/1/2006
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	\$52.90	\$52.90	5/1/2004
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	\$84.64	\$84.64	5/1/2004
92592	HEARING AID CHECK; MONAURAL	\$9.52	\$9.52	5/1/2004
92593	HEARING AID CHECK; BINAURAL	\$19.04	\$19.04	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	BR	BR	10/1/1982
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	BR	BR	10/1/1982
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$24.61	\$24.61	4/1/2006
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL	\$96.89	\$50.61	5/1/2005
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$134.79	\$134.79	4/1/2006
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$92.69	\$92.69	4/1/2006
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$83.66	\$83.66	4/1/2006
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT	\$53.59	\$53.59	4/1/2006
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	BR	BR	1/1/2003
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING	BR	BR	1/1/2003
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$118.19	\$118.19	4/1/2006
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$22.70	\$22.70	4/1/2006
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING	\$61.40	\$61.40	4/1/2006
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$132.57	\$132.57	4/1/2006
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$132.57	\$132.57	4/1/2006
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$153.13	\$74.56	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$43.97	\$43.59	4/1/2006
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$144.11	\$74.56	4/1/2006
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$39.06	\$39.06	4/1/2006
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$201.50	\$110.90	4/1/2006
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$48.51	\$48.51	4/1/2006
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$45.29	\$45.29	4/1/2006
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$11.83	\$11.83	4/1/2006
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$44.54	\$44.54	4/1/2006
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$85.14	\$85.14	4/1/2006
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	\$21.49	\$21.49	4/1/2006
92630	AUDITORY REHABILITATION; PRE- LINGUAL HEARING LOSS	\$45.78	\$45.78	10/1/2006
92633	AUDITORY REHABILITATION; POST- LINGUAL HEARING LOSS	\$45.78	\$45.78	10/1/2006
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$53.14	\$53.14	1/1/2007
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	BR	BR	1/1/2003
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$44.53	\$24.60	4/1/2006
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$26.77	\$9.10	4/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
Q1003	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3 (REDUCED SPHERICAL ABERRATION)	BR	BR	1/1/2000
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	1/1/2000
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	1/1/2000
V2020	FRAMES, PURCHASES	\$67.05	\$67.05	5/1/2004
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	\$31.41	\$31.41	5/1/2004
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$42.10	\$42.10	5/1/2004
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$51.06	\$51.06	5/1/2004
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO	\$29.99	\$29.99	5/1/2004
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	\$31.73	\$31.73	5/1/2004
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	\$34.80	\$34.80	5/1/2004
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$41.65	\$41.65	5/1/2004
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,	\$44.81	\$44.81	5/1/2004
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D	\$42.61	\$42.61	5/1/2004
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	\$47.88	\$47.88	5/1/2004
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D	\$41.01	\$41.01	5/1/2004
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$48.35	\$48.35	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$50.73	\$50.73	5/1/2004
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$50.32	\$50.32	5/1/2004
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$54.51	\$54.51	5/1/2004
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$75.95	\$75.95	5/1/2004
V2118	ANISEIKONIC LENS, SINGLE VISION	\$75.83	\$75.83	5/1/2004
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$80.96	\$80.96	5/1/2004
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	BR	BR	3/1/1989
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$46.95	\$46.95	5/1/2004
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$57.14	\$57.14	5/1/2004
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$52.73	\$52.73	5/1/2004
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	\$51.06	\$51.06	5/1/2004
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D	\$51.82	\$51.82	5/1/2004
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D	\$51.18	\$51.18	5/1/2004
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$57.49	\$57.49	5/1/2004
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$55.83	\$55.83	5/1/2004
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	\$61.50	\$61.50	5/1/2004
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25	\$57.70	\$57.70	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER	\$61.54	\$61.54	5/1/2004
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25	\$74.75	\$74.75	5/1/2004
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$70.16	\$70.16	5/1/2004
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$65.35	\$65.35	5/1/2004
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$73.91	\$73.91	5/1/2004
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$90.89	\$90.89	5/1/2004
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$87.26	\$87.26	5/1/2004
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$35.71	\$35.71	5/1/2004
V2220	BIFOCAL ADD OVER 3.25D	\$33.75	\$33.75	5/1/2004
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$94.45	\$94.45	5/1/2004
V2299	SPECIALTY BIFOCAL (BY REPORT)	BR	BR	3/1/1989
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$58.10	\$58.10	5/1/2004
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$71.51	\$71.51	5/1/2004
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	\$65.76	\$65.76	5/1/2004
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D	\$62.65	\$62.65	5/1/2004
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D	\$65.01	\$65.01	5/1/2004
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00	\$65.19	\$65.19	5/1/2004
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$65.73	\$65.73	5/1/2004
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$70.40	\$70.40	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$68.68	\$68.68	5/1/2004
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$83.14	\$83.14	5/1/2004
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$70.23	\$70.23	5/1/2004
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$85.98	\$85.98	5/1/2004
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$95.82	\$95.82	5/1/2004
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$107.01	\$107.01	5/1/2004
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	\$99.33	\$99.33	5/1/2004
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	\$123.23	\$123.23	5/1/2004
V2318	ANISEIKONIC LENS, TRIFOCAL	\$156.85	\$156.85	5/1/2004
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$39.82	\$39.82	5/1/2004
V2320	TRIFOCAL ADD OVER 3.25D	\$42.02	\$42.02	5/1/2004
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$116.92	\$116.92	5/1/2004
V2399	SPECIALTY TRIFOCAL (BY REPORT)	BR	BR	3/1/1989
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$95.88	\$95.88	5/1/2004
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$115.55	\$115.55	5/1/2004
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	BR	BR	10/1/1982
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	\$70.52	\$70.52	5/1/2004
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	\$110.91	\$110.91	5/1/2004
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	\$162.28	\$162.28	5/1/2004
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	\$112.65	\$112.65	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$94.80	\$94.80	5/1/2004
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	\$153.22	\$153.22	5/1/2004
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	\$177.88	\$177.88	5/1/2004
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	\$163.20	\$163.20	5/1/2004
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	\$83.64	\$83.64	5/1/2004
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	\$145.61	\$145.61	5/1/2004
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	\$188.95	\$188.95	5/1/2004
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	\$120.76	\$120.76	5/1/2004
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS	\$178.86	\$178.86	5/1/2004
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,	\$426.30	\$426.30	5/1/2004
V2599	CONTACT LENS, OTHER TYPE	BR	BR	3/1/1989
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	BR	BR	3/1/1989
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	BR	BR	3/1/1989
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	BR	BR	3/1/1989
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	\$959.84	\$959.84	5/1/2004
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$48.82	\$48.82	5/1/2004
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$346.16	\$346.16	5/1/2004
V2626	REDUCTION OF OCULAR PROSTHESIS	\$213.33	\$213.33	5/1/2004
V2627	SCLERAL COVER SHELL	\$1,033.36	\$1,033.36	5/1/2004
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$244.00	\$244.00	5/1/2004
V2629	PROSTHETIC EYE, OTHER TYPE	BR	BR	3/1/1989
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	BR	BR	3/1/1989



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V2631	IRIS SUPPORTED INTRAOCULAR LENS	BR	BR	3/1/1989
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	BR	BR	3/1/1989
V2700	BALANCE LENS, PER LENS	\$46.85	\$46.85	5/1/2004
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$64.93	\$64.93	5/1/2004
V2715	PRISM, PER LENS	\$12.43	\$12.43	5/1/2004
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$30.53	\$30.53	5/1/2004
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$21.91	\$21.91	5/1/2004
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$13.16	\$13.16	5/1/2004
V2750	ANTI-REFLECTIVE COATING, PER LENS	\$19.16	\$19.16	5/1/2004
V2755	U-V LENS, PER LENS	\$13.32	\$13.32	5/1/2004
V2760	SCRATCH RESISTANT COATING, PER LENS	\$17.13	\$17.13	5/1/2004
V2770	OCCLUDER LENS, PER LENS	\$20.87	\$20.87	5/1/2004
V2780	OVERSIZE LENS, PER LENS	\$13.40	\$13.40	5/1/2004
V2781	PROGRESSIVE LENS, PER LENS	BR	BR	1/1/1996
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	\$50.68	\$50.68	5/1/2004
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO	\$57.14	\$57.14	5/1/2004
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	\$37.16	\$37.16	5/1/2004
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	BR	BR	3/1/1989
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	BR	BR	1/1/2001
V2799	VISION SERVICE, MISCELLANEOUS	BR	BR	3/1/1989
V5008	HEARING SCREENING	BR	BR	3/1/1989
V5010	ASSESSMENT FOR HEARING AID	BR	BR	3/1/1989
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	BR	BR	3/1/1989
V5014	REPAIR/MODIFICATION OF A HEARING AID	BR	BR	3/1/1989
V5020	CONFORMITY EVALUATION	BR	BR	3/1/1989
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	BR	BR	3/1/1989



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	BR	BR	3/1/1989
V5050	HEARING AID, MONAURAL, IN THE EAR	BR	BR	3/1/1989
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	BR	BR	3/1/1989
V5070	GLASSES, AIR CONDUCTION	BR	BR	3/1/1989
V5080	GLASSES, BONE CONDUCTION	BR	BR	3/1/1989
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	BR	BR	3/1/1989
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	BR	BR	1/1/2003
V5100	HEARING AID, BILATERAL, BODY WORN	BR	BR	3/1/1989
V5110	DISPENSING FEE, BILATERAL	BR	BR	3/1/1989
V5120	BINAURAL, BODY	BR	BR	3/1/1989
V5130	BINAURAL, IN THE EAR	BR	BR	3/1/1989
V5140	BINAURAL, BEHIND THE EAR	BR	BR	3/1/1989
V5150	BINAURAL, GLASSES	BR	BR	3/1/1989
V5160	DISPENSING FEE, BINAURAL	BR	BR	3/1/1989
V5170	HEARING AID, CROS, IN THE EAR	BR	BR	3/1/1989
V5180	HEARING AID, CROS, BEHIND THE EAR	BR	BR	3/1/1989
V5190	HEARING AID, CROS, GLASSES	BR	BR	3/1/1989
V5200	DISPENSING FEE, CROS	BR	BR	3/1/1989
V5210	HEARING AID, BICROS, IN THE EAR	BR	BR	3/1/1989
V5220	HEARING AID, BICROS, BEHIND THE EAR	BR	BR	3/1/1989
V5230	HEARING AID, BICROS, GLASSES	BR	BR	3/1/1989
V5240	DISPENSING FEE, BICROS	BR	BR	3/1/1989
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	BR	BR	1/1/2002
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	BR	BR	1/1/2002
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	BR	BR	1/1/2002
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	BR	BR	1/1/2002
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	BR	BR	1/1/2002
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	BR	BR	1/1/2002
V5248	HEARING AID, ANALOG, BINAURAL, CIC	BR	BR	1/1/2002
V5249	HEARING AID, ANALOG, BINAURAL, ITC	BR	BR	1/1/2002
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	BR	BR	1/1/2002
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	BR	BR	1/1/2002
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	BR	BR	1/1/2002
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	BR	BR	1/1/2002
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	BR	BR	1/1/2002
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	BR	BR	1/1/2002
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	BR	BR	1/1/2002
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	BR	BR	1/1/2002
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	BR	BR	1/1/2002
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	BR	BR	1/1/2002
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	BR	BR	1/1/2002
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	BR	BR	1/1/2002
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	BR	BR	1/1/2002
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	BR	BR	1/1/2002
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	BR	BR	1/1/2002
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	BR	BR	1/1/2002
V5266	BATTERY FOR USE IN HEARING DEVICE	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
V5267	HEARING AID SUPPLIES / ACCESSORIES	BR	BR	1/1/2002
V5275	EAR IMPRESSION, EACH	BR	BR	1/1/2002
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
V5299	HEARING SERVICE, MISCELLANEOUS	BR	BR	3/1/1989
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	BR	BR	3/1/1989
V5362	SPEECH SCREENING	BR	BR	3/1/1989
V5363	LANGUAGE SCREENING	BR	BR	3/1/1989
V5364	DYSPHAGIA SCREENING	BR	BR	3/1/1989